LOUISIANA BOARD OF ETHICS AMENDMENT

DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

Discourse	Fe/1 V/2
STATE OF LOUISIANA	12 : 6
PARISH OF MADISON	
	THE THE
-1.45	at 111 Magnolia Street, Tallulah, IA 71282
Charles E. Weeks, residing	(Mailing Address, including City & Zip Code)
(Name)	the state of the s
do declare that :	1.
the state of the s	suant to LSA-R.S. 42:1119B(2)(b) for the year beginning
That this disclosure statement is made p	•
on January 1 ^e , 2005	
(Year)	2.
	oard Member Commissioner (circle one) of the Hospital Service District / Public Trust Authority
That I am a Chei Exception	Hospital Service District / Public Trust Authority
Madison Parish (Name)	
and have served in this capacity since	August 11, 2003
and have served in the supersy	(Month) (Day) (Year)
	3.
That my immediate family member, defi of children, his brothers, his sisters, the sp his spouse, and the parents of his spouse Public Trust Authority. The facts of suc	ned by LSA-R.S. 42:1102(13) as his children, the spouses touses of his brothers, the spouses of his sisters, his parents, e, is employed by the described Hospital Service District / the employment are as follows:
Name of Immediate Family Men	nber:
n station of Immediate Family N	lemoer: <u>Daogneer Re 124</u>
n 1.1 Medieni Derm	rd Director/Compilance
Date employed (month, day, yes	r):
	Clar becoming the chief executive of a come tity-
commissioner of	the Hospital Service District / Public Trust Authority
	employment continuously since April 1, 1980, the effective
Serving in public	Concernmental Ethics
date of the Cod	e of Governmental Ethics
1.10 de-	District / Public Trust Authority has a district population of
Hospital Service	and the family member is employed as a licensed physician
100,000 or less	and the faithful from the most of an Ersystem in the same of the s
or registered nu	78 e. /}
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	halve to hake
	re, Chief Executive, Hospital Board Member or Commissioner
Signatus	E, Chief Executive, 100pm 25m2

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LOUISIANA BOARD OF ETHICS

DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

	E OF LOUISIANA H OF
1, <u>Ch</u>	narles E. Weeks, residing at111 Magnolia Street, Tallulah, LA 71282
do dec	jare that:
	That this disclosure statement is made pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning on January 1^n , 2005
	(Year) 2.
	That I am a Chief Executive / Board Member Commissioner (circle one) of the Madison Parish Hospital Service District / Public Trust Authority
	and have served in this capacity since August 11, 2003 (Month) (Day) (Year)
	That my immediate family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses of children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, his spouse, and the parents of his spouse, is employed by the described Hospital Service District / Public Trust Authority. The facts of such employment are as follows:
	Name of Immediate Family Member: Cindy Weeks Relation of Immediate Family Member: Daughter-N-law Position: Medical Record Director/Compliance Date graphoved (month, day, year):
	Date employed (month, day, year): Applicable Exception (check all that apply): X Employed by Hospital Service District/Public Trust Authority for more than one year prior to filer becoming the chief executive or a board metaber by commissioner of the Hospital Service District / Public Trust Authority
	Serving in public employment continuously since April 1, 1980, the effective date of the Code of Governmental Ethics
	Hospital Service District / Public Trust Authority has a district population of 100,000 or less and the family member is employed as a licensed physician or registered nurse.
	Signature, Chief Executive, Hospital Board Member or Commissione

NOTE: These disclosure statements are due by **January 30th of each year** that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.